# Statement

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# Campaign Finance Disclosure Statement State of South Dakota

County, municipal and school candidates file in the office where you filed your nominating petition. Statewide PACs, political party, ballot question and other committees file statement with the Secretary of State's Office.

Mail to Secretary of State's Office, Election Department, 500 E Capitol Ave., Ste. 204, Pierre, SD 57501-5070, fax to 605-773-6580 or email to kea.warne@state.sd.us Fax and email images must contain the signature and the original must be filed in our office within one week following the date the fax/email was received.

Name of Committee: It's Time - A Smoke Free South Dakota  Complete Street and Postal Address: 221 S. Central, Pierre, SD 57501  Name of Person Making Report: Jennifer Stalley  Daytime Phone Number: 605-224-6772 Evening Phone Number: 605-280-5714  Email Address: jennifer.stalley@cancer.org			
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Email Address: jennifer.stalley@cancer.org	<u> </u>		
If you are a candidate, what office are you seeking:  N/A			
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.  Yes on 12 - supporting passage of Referred Law 12			
Type of Campaign Statement:  Mid-Year  Pre-election, year-end, mid-year(for ballot questions only), amendment, supplement or termination			
.([/]			
The following verification must be completed before submitting report.  VERIFICATION OF PERSON MAKING REPORT  I, Jennifer L. Stalley (type name), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to the left any statement, amendment, or correction required subjects the treasurer responsible for the property of a civil penalty of fiftyu dollars per day for each day that the statement remains delinquent.			
Date: 7/6/2010 Signature of Treasurer	m		

## **Schedule A - Direct Contributions**

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and enter this sum as unitemized contributions on the first line below. Any contribution of more than \$100 or aggregate during a calendar year from an individual and all contributions from political parties and PAC's must be entered as a separate item (itemized) giving the amount, name, residence address, city and state of the contributor. Any contribution from a federal political committee or political committee organized outside this state shall also include the name and internet website address of the filing office where the committee regularly files. Each type of contributor has their own section for itemization. This schedule may

Unitermized Contributions from Individuals:		\$200.00
Itemized Contributions from		
Name	Residence Address	Amount
W. H		
		***************************************
9990	•	
<b>Total of Itemized Contributions</b>	from Individuals:	\$0.00

# **Schedule A - Direct Contributions (continued)**

itemized Contributions from Political Parties:		
Party Name	Address	Amount
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	· · · · · · · · · · · · · · · · · · ·	
Total Contributions from Political Parties:		\$0.00
		-
Itemized Contributions from South Dakota Political	Action Committees (PAC's) or So	uth Dakota Candidate
Committees - All contributions must be itemized.		_
PAC Name	Address	Amount
	-	
	1	

Total Contributions from South Dakota Political Action Committees and South Dakota Candidate Committees:

\$0.00

Itemized Contributions from Federal Political Action Committees or Political Action Committees and Candidate Committees organized outside of South Dakota. The internet website address of the filing office where the committee regularly files their campaign finance report must be listed.

PAC Name	Internet Website Address	Amount
·		
		<u> </u>
<u> </u>		
Contributions from Fodoval and Co	L state Political Action and Candidate Committees:	\$0

#### **Total of All Direct Contributions:**

\$200.00

## Schedule B - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the contribution is from a federal political committee or political committee organized ourside this state, list the name and interent website address of the filing office where the committee regularly files their campaign finance report.

Description of Non-Cash Contribution	Name and Residence Address or Name and Internet Website Address	Estimated Value
Polling	American Cancer Society, MW Division 221 S. Central, Pierre, SD	\$24,250.00
Field Staff Salaries	American Cancer Society, MW Division 221 S. Central, Pierre, SD	\$8,196.00
Campaign Management Services	American Cancer Society, MW Division 221 S. Central, Pierre, SD	\$29,000.00
Event Fees (booth & registrations)	American Cancer Society, MW Division 221 S. Central, Pierre, SD	\$2,433.00
T-Shirts	American Cancer Society, MW Division 221 S. Central, Pierre, SD	\$710.05
Printing	American Cancer Society, MW Division 221 S. Central, Pierre, SD	\$688.64
	Total of In Kind Contributions:	\$65,277,69

#### Schedule C - Other Income

Use this schedule to report any refunds, rebates, interest earned, sale of property or other income which is not a direct contribution.

Source of Income	Description of Income	Amount
	Total:	
	rotal.	\$0.00

# Schedule D - Establishing and Administration of Committee/Solicitation Costs

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or soliciation costs of the political committee.

Orga	anization Name and Categorical Description for Direct Funds	Estimated Value
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	Total of Administration/Solicitation	Costs: \$0.00

## Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for

nses	Contributions Made to Candiates and C	ommittees
Amount	Name of Candidate or Committee	Amount
\$10.64		
<b>\$13.04</b>		
		1
		Amount Name of Candidate or Committee

## Schedule F - Debts and Obligations Owed by Committee

This schedule is to report all of the committee's obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation. You must include the terms, interest rate and repayment schedule of each loan and the nature of each obligation.

Owed to - Lender's Name	Nature of Obligation or Terms of Loan	Street Address, City and State	Amount
			\$0.0
		Total Obligations:	\$0.0

# **Schedule G - Loans Owed to Committee**

This schedule is to report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.

	Amount of Loan Made During the Reporting Period	Amount of Loan Repaid During the Reporting Period	Balance of Loan at the End of the Reporting Period
Totals:	\$0.00	\$0.00	\$0.00

Net Loaned During Reporting Period:

\$0.00

#### **Summary Page**

This summary sheet will give a brief outline of all campaign finance activity during this reporting period.

1.	Amount on hand, if any, at the beginning of the reporting period	d:	\$0.00
2.	Receipts		
	Schedule A - Direct Contributions	\$200.00	
	Schedule B - In-Kind Contributions	\$65,277.69	
	Schedule C - Other Income	\$0.00	
	Schedule D - Establishing/Administration of Committee	\$0.00	
	Total of all Receipts	\$65,477.69	
3.	Total Monetary Receipts		\$200.00
4.	Candidate's Personal Contribution to Own Campaign		\$0.00
5.	Monetary Loans to Candidate or Committee During Reporting F	Period	\$0.00
6.	Monetary Loans Repaid During Reporting Period		\$0.00
7.	Expenditures - Schedule E		\$19.64
8.	Debts and Obligations Owed by Committee - Schedule F \$	0.00	
9.	Monetary Loans Made by the Committee During the Reporting	Period - Schedule G	\$0.00
10.	Monetary Loans Repaid to Committee During the Reporting Pe	riod - Schedule G	\$0.00
11.	Amount on hand at the close of this reporting period. *		\$180.36

<sup>\*</sup>Note: You cannot end the reporting period with a negative balance.

If you are a ballot question committee which received a contribution from an organization, please attach to this campaign finance disclosure statement, the Ballot Question Statement you received from the organization.

# Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1	per and to your organization.
Check here if your organizate South Dakota Secretary of State.	tion is filed as a domestic or foreign entity in good standing with the Office of
Full Name of Organization: _Ame	rican Cancer Society, Midwest Division
Date:7/6/10	Signature: Marriovo
******	*************
Section 2	
ar and intolnational statement with	that makes a contribution to a ballot question committee that is not filed as a tanding with the South Dakota Secretary of States Office, to include Section 2 any contribution to a ballot question committee.
Full Name of Organization:	
one of County under whose Law	the Organization is incorporated or Organizad
Street Address of the Organization's	Principle Office:
Date:	Signature:
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State law requires any organization to domestic or foreign entity in good state complete section 2, must include Sec question committee.	hat makes a contribution to a ballot question committee which is not filed as a anding with the South Dakota Secretary of States Office and is not eligible to tion 3 of this informational statement with any contribution to a ballot
Full Name of Organization:	
Street Address of the Organization's	Principle Office:

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address Appendi
	Address
Name of Person August	
Name of Person Authorizing the Contribution:	
Street Address:	
Date:	
Signature:	
***********	***********
ection 4	**********
any organization contributes	
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UID OF The Avenue !	in and add a
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Amended 6-2-09